

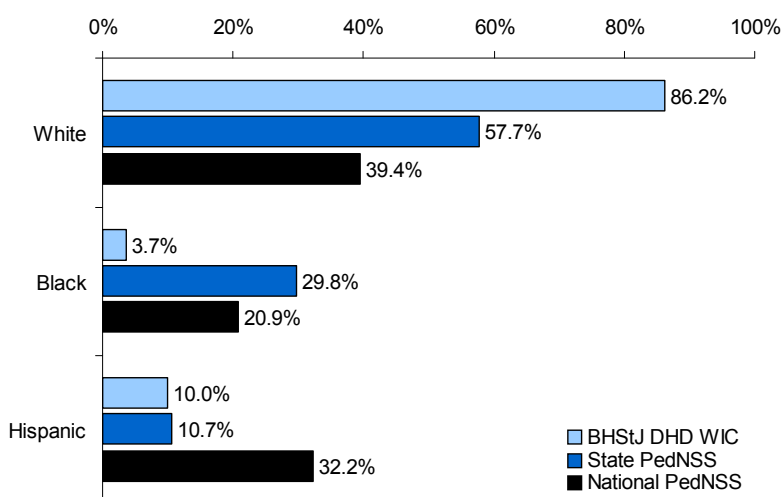
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Branch, Hillsdale, and St. Joseph counties, located in southern Michigan, are a part of the Branch-Hillsdale-St. Joseph District Health Department (B-H-St. Joe. DHD). In 2000, according to the U.S. Census, 6.7% residents in the area were under the age of five years old. Also 17.2% of children under five lived in poverty. Approximately 4,179 of Michigan WIC participants were served by B-H-St. Joe. DHD WIC in 2003. Health indicators for WIC participants of B-H-St. Joe. DHD in 2001-2003 reveal:

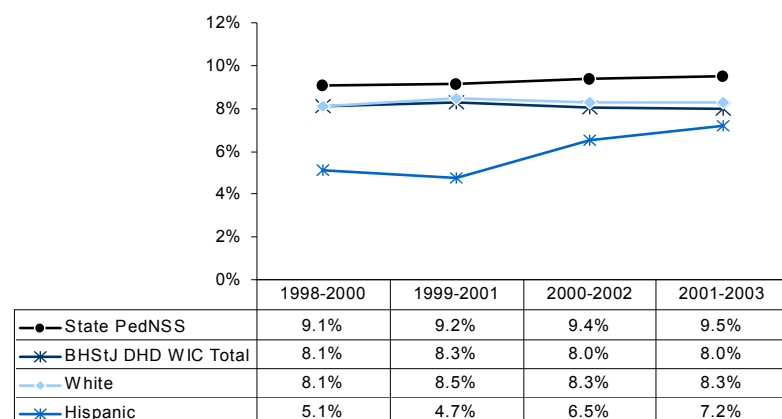
- The incidence of low birthweight was 8.0% for B-H-St. Joe. DHD WIC infants, 1.5-percentage points lower than the state PedNSS prevalence.
- 9.0% of White infants were born weighing 4000g (13lbs 8oz) or more.
- Among Hispanic only, a higher proportion of children age two to five were short in stature than infants and children under the age of two years: 8.7% compared 7.2%.
- 3.7%, of infants and children under five years old were underweight.
- The overall prevalence of overweight and risk of overweight was higher among local B-H-St. Joe. DHD WIC children two to five years old than state and national PedNSS participants
- Overall the prevalence of iron deficiency anemia is lower locally than at the state or national level
- More than half, 60.6%, of Hispanic infants are ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Although an overwhelming majority of infants and children under five years old at B-H-St. Joe. DHD were non-Hispanic White, one in ten infants and children were Hispanic.

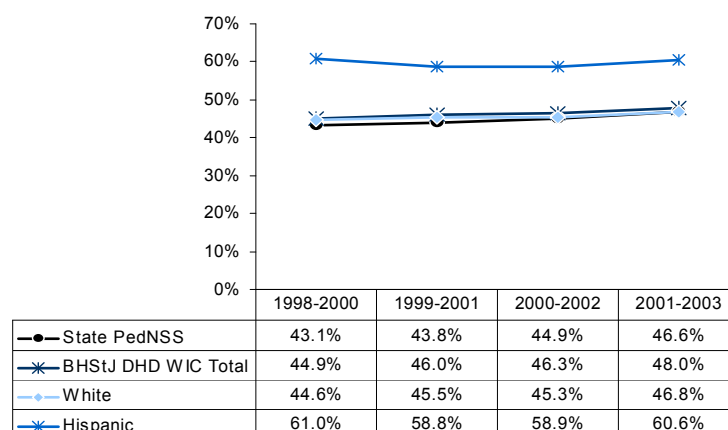
Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Branch-Hillsdale-St. Joseph DHD WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight among Hispanic infants had increased in B-H-St. Joe. DHD by 41.1%.

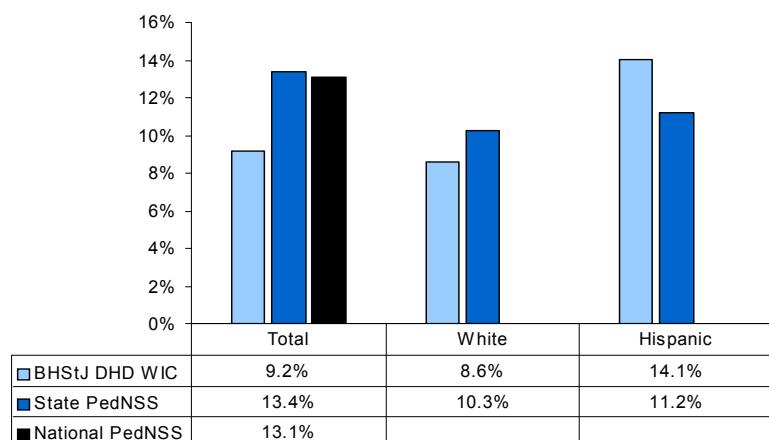
*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Branch-Hillsdale-St. Joseph DHD WIC Agency, 1998-2003 PedNSS



The prevalence of infants and children under two years old who were ever breastfed in B-H-St. Joe. DHD had increase 6.9% since 1998-2000.

Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

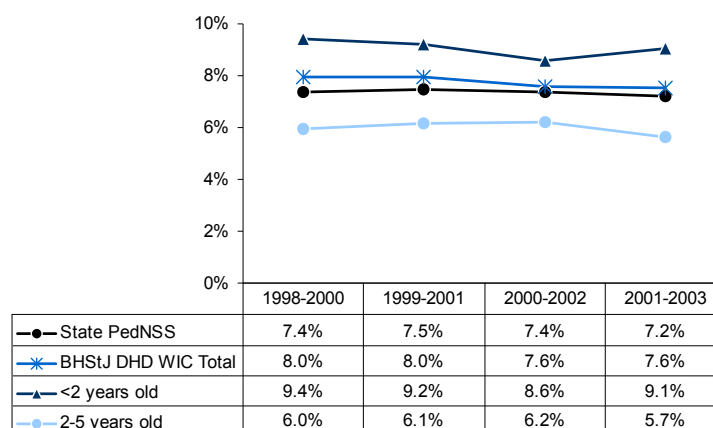


The overall prevalence of iron deficiency anemia was lower among infants and children under five years old of B-H-St. Joe. DHD than state PedNSS participants. However, when stratified by race/ethnicity, Hispanic infants and children of B-H-St. Joe. DHD had a prevalence of iron deficiency anemia higher than that of their state peers.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

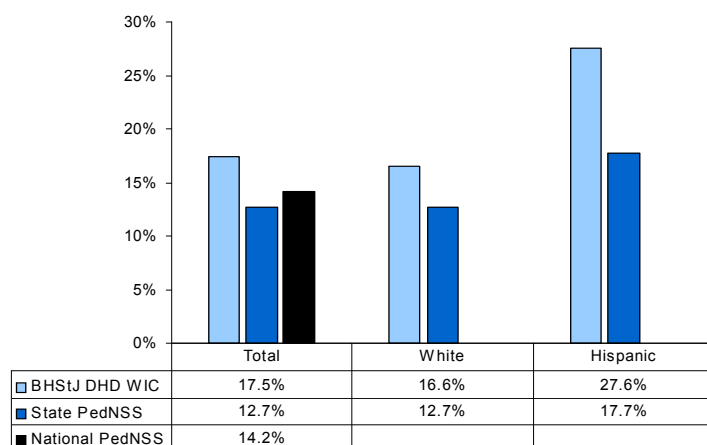
Overall the trend of short stature for B-H-St. Joe. DHD infants and children was slightly higher than that of the state trend.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

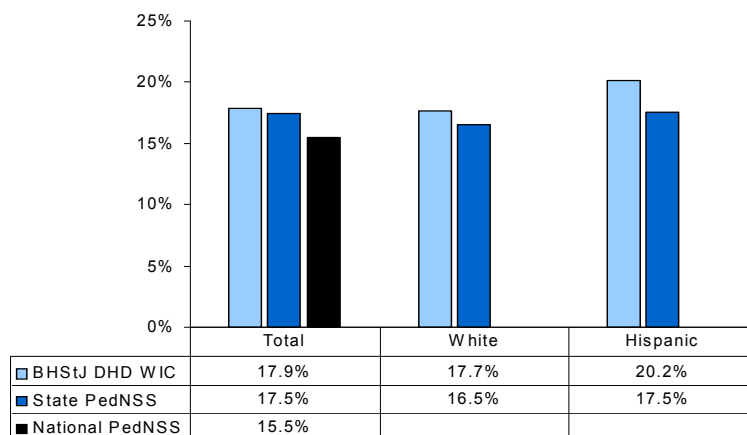
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



Hispanic children two to five years old of B-H-St. Joe. DHD WIC, were disproportionately affected by overweight.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

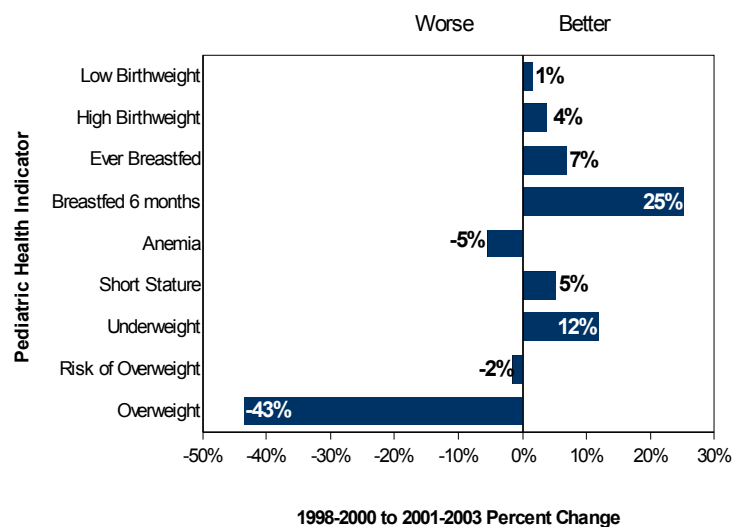
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

When stratified by race/ethnicity, the prevalence of risk of overweight was slightly higher among White and Hispanic children two to five years old of B-H-St. Joe. DHD than their state peers.

Figure 8. Pediatric **health progress review** for Branch-Hillsdale-St. Joseph DHD WIC infants and children two to five years old, 1998-2000 and 2001-2003 MI PedNSS



Improvements were observed in six of nine health and nutritional indicators for B-H-St. Joe. DHD WIC participants, especially in breastfeeding to six months of age.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.